APPLICANT'S COPY: DO NOT RETURN WITH APPLICATION

Important Testing Information

Dear Applicant,
Thank you for applying for a position with the City of Madison Police Department. This letter contains important information. You should read this letter carefully to be sure you understand the procedure that will be used during this initial phase of the process (an important part of being a Police Officer is attention to detail).
The Police Department will receive more applications than there are available positions. As a result, the Police Department has established a competitive application process. This application process is designed to ensure that the selection of new recruits will be accomplished in a fair and objective manner. You must take this test for your application to be further considered.
A Physical Agility Test and a Written Aptitude Test will be administered. Each applicant must meet the minimum requirements of each test to continue the process. The physical fitness requirements are attached to this packet.
There are facilities available for changing clothes.

APPLICANT'S COPY: DO NOT RETURN WITH APPLICATION

MADISON POLICE DEPARTMENT GENERAL INFORMATION FOR POLICE OFFICER EMPLOYMENT

GENERAL STATEMENT OF DUTIES: Police officers are responsible for the protection of life and property, the prevention of crimes and the preservation of peace and order within an assigned beat (geographical area). They must patrol their beat while enforcing laws, ordinances and regulations, arresting violators, investigating accidents, complaints, securing evidence, and performing any and other duties as required.

QUALIFICATIONS: Applicants must meet the following requirements and provide the requested material for their application to be processed.

- 1. Be twenty-one (21) years of age but not have reached age forty (40), or meet the requirements defined in IC 36-8-4-7.
- 2. Must be a US Citizen.
- 3. Possess a valid driver's license and provide a copy of such with the application.
- 4. Include a copy of their Birth Certificate with their application.
- 5. Be a High School graduate or have a GED certificate. Include a copy of such with the application along with a copy of any college credits or degree(s).
- 6. Shall have no felony conviction or a conviction of Domestic Battery.
- 7. Pass a drug-screening test.
- 8. Successfully pass each phase of the selection process, which includes a written aptitude and physical agility test.
- 9. Pass a physical and psychological test.
- 10. When requested, submit a complete credit history report.

WORKING SCHEDULE: Consists of twelve hour shifts: 6:00AM to 6:00 PM & 6:00PM to 6:00 AM. Shifts - work Monday, Tuesday, off Wednesday, Thursday, work Friday Saturday Sunday - next week off Monday, Tuesday, work Wednesday, Thursday, off Friday, Saturday, Sunday.

NEED FOR CONTINUING EDUCATION: New employees will be required to successfully complete a fifteen (15) week training program at the Indiana Law Enforcement Academy within one year of employment.

<u>AVERAGE ANNUAL SALARY:</u> Salary for a patrol officer after one year is \$56,552.77 (2023) - Other benefits include take home car, shift pay, holiday pay, clothing allowance, paid overtime opportunities, incentive bonus opportunities, cell phone stipend, and medical / dental benefits. IF CHOSEN, TIER ONE ACADEMY GRADUATES IN GOOD STANDING WILL RECEIVE A \$1,000.00 SIGN ON BONUS. IN ADDITION, TIER ONE HIRES WILL RECEIVE LONGEVITY PAY FOR THEIR YEARS OF SERVICE WITH THEIR PREVIOUS LAW ENFORCEMENT AGENCY.

<u>CERTIFICATION OF APPLICATION AND AUTHORIZATION TO RELEASE</u> <u>INFORMATION FORMS MUST BE SIGNED AND NOTARIZED FOR THE APPLICATION</u> TO BE CONSIDERED.

<u>APPLICANT'S COPY: DO NOT RETURN WITH APPLICATION</u>

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

I wish to be considered for employment as a Sworn Police Officer with the Madison Police Department.

I am a citizen of the United States, at least 21 years of age and have not reached 40 years of age, have a high school diploma or GED Certificate, possess a valid driver's license from current state of residence, have not been convicted of a Felony, Class A Misdemeanor or Domestic Violence and have not been dishonorably discharged from the military.

I understand that I am required to be a resident of Jefferson County, Indiana or the five (5) adjoining counties within one (1) month of appointment to the department.

I understand this position requires a security clearance from the Indiana Data and Communication System, which considers a person's character, past history, and criminal record.

Upon request, I understand I must participate in, and pass any of the following screenings:

- 1. Written Examination 2. Physical Agility Test 3. Oral Interview 4. Background Investigation
- 5. Polygraph Examination 6. Medical Examination 7. Psychological Evaluation 8. Drug Screen

I UNDERSTAND FAILURE TO ARRIVE AS SCHEDULED FOR ANY SCHEDULED EVENT WILL CAUSE MY ELIMINATION FROM THE ENTIRE PROCESS

IMPORTANT EVENT AND DATE

THIS APPLICATION MUST BE RETURNED IN PERSON OR BY MAIL TO THE MADISON POLICE DEPARTMENT 621 WEST STREET, MADISON, INDIANA, 47250 (NO FAXES will be accepted)

APPLICANT'S COPY, DO NOT RETURN WITH APPLICATION

PHYSICAL FITNESS TEST REQUIREMENTS

The Indiana Law Enforcement Academy has established Physical Fitness Requirements for the basic Course Training Program. Each new applicant to the I.L.E.A. will have to meet the following physical fitness standards in order to complete the academy requirements for certification. The Madison Police Department has adopted these standards for applicants to be eligible for employment. Each test is either pass or fail, and the applicant is required to successfully complete and pass all tests to pass this phase of the process. Anyone requiring special accommodations should contact the Chief of Police prior to the test.

- 1. Vertical Jump—Sixteen (16) inches minimum accepted. This measures leg power and consists of measuring how high you can jump.
- 2. One-Minute Sit-Ups—Twenty-nine (29) is the minimum accepted. This measures abdominal, or trunk, muscular endurance. While lying on your back, knees bent, heels flat on the floor, with fingers interlaced and held behind the head, touching elbows to knees, you will be given one (1) minute to do as many knee bent sit-ups as you can.
- 3. 300 Meter Run—Seventy-one (71) seconds minimum time allowed. This measures anaerobic power, or the ability to make an intense burst of effort for a short time period or distance. This component consists of sprinting 300 meters as fast as possible.
- 4. Maximum Push-Ups—Twenty-five (25) is the minimum accepted. This measures the muscular endurance of the upper body. This component consists of doing as many push-ups as possible until muscular failure. The hands are placed shoulder width apart, fingers pointing forward. Some part of the hands must lie within a vertical line drawn from the outside edge of the shoulders to the floor. The administrator places one fist on the floor below the participant's chest (sternum). Starting from the up position (arms fully extended with elbows locked, both hands and both feet only touching the floor), the participant must keep the back straight at all times and lower the body to the floor until the chest (sternum) touches the administrator's fist. The participant then returns to the up position with the elbows fully locked. This is one repetition. Resting is permitted only in the up position. There is no time limit.
- 5. 1.5 Mile Run—Sixteen (16) minutes and twenty-eight (28) seconds minimum time allowed to complete the distance. This measures aerobic power and cardiovascular endurance (stamina over time). To complete this component you must run/jog, as fast as possible, a distance of 1.5 miles.

To be eligible to continue on through the hiring process, you must meet the minimum standards of each test given.

621 West St.

Madison, Indiana 47250

APPLICATION FOR POLICE OFFICER

NOTE: COMPLETED APPLICATION MUST BE RETURNED TO THE MADISON POLICE DEPARTMENT

Α.	Name in full					
	Last	First	Middle	Maiden		
В.	Social Security Numbe	r:	_			
C.	Present Residence:					
	Street/P.O. Box #/Apt.	#				
	City	State	ZIP	Telepho		
D.	•		s. If you have used any su	•		
D.	List all names you have your true name; please used. If you have legal	e used including nickname e list during what period a lly changed your name, giv st the department in cond		rnames other th ces these names t. (This informa		
D.	List all names you have your true name; please used. If you have legal being collected to assis	e used including nickname e list during what period a lly changed your name, giv st the department in cond	s. If you have used any sund under what circumstange the date, place and cour	rnames other th ces these names t. (This informa		
	List all names you have your true name; please used. If you have legal being collected to assis felony convictions chec	e used including nickname e list during what period a lly changed your name, giv st the department in cond	s. If you have used any sund under what circumstange the date, place and couructing a thorough background	rnames other th ces these names t. (This informa		
	List all names you have your true name; please used. If you have legal being collected to assis felony convictions cheen the second sec	e used including nickname e list during what period a lly changed your name, giv st the department in cond ck).	s. If you have used any sund under what circumstange the date, place and court ucting a thorough background	rnames other th ces these names t. (This informa		
	List all names you have your true name; please used. If you have legal being collected to assistelony convictions check being convicted by the conviction check being convictions check being convicted by the conviction check by the	e used including nickname is list during what period a lly changed your name, givest the department in condick).	s. If you have used any sund under what circumstange the date, place and court ucting a thorough background	rnames other th ces these names t. (This informa		

II. FAMILY HISTORY

List all family members (living and deceased) in the following order: Parents, Step-Parents, Foster parents, guardians, brothers, sisters, children, in-laws, spouse and ex-spouse(s). (If additional space is needed attach a separate page.

Relationship	Name	Address	City, State	Zip	Telephone
addr		ost recent first) all of your ling school, if away from h			
Date (From-To)		Address			City, State, ZIP
	URRICULAR ACTIV or present memb	ITIES ership in clubs, organizatio	ons or volunteer wo	ork:	
Name and Addre	ess Type	(Social, Fraternal, Profess	ional, etc.)	Members	nip Period/Office

V. SUBVERSIVE ORGANIZATIONS

YES NO Are you now or have you ever been a member of or affiliated with any organization, association, movement, group or combination of persons which advocates the overthrow of our constitution form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means? If you answered yes, describe the circumstances. Attach a separate sheet to provide a full detailed statement.

VI. MILITARY RECORD

Α.	Are you registered for selective services?
	Selective Service Number:
В.	Have you ever served on active duty in the armed services of the U.S.?
	Branch of Service:
	Dates of Active Duty (Month, Day, Year):
	Type of Discharge*:
C.	Are you currently in the U.S. Reserve or National Guard? If yes, what is your
	obligation (if any), unit, and locations?
D.	While in service, were you ever convicted of any offenses? If yes, give details:

Attach copies of all DD214 long forms or their equivalent.

*No applicant will be automatically rejected because of a less than honorable discharge (except a Dishonorable), but the discharge may be considered with other information. If discharge is less than Honorable, explain on a supplemental page.

VII. EMPLOYMENT HISTORY

Starting with the present or most recent employer, list employment history for the past five (5) years. If more, attach a supplemental page.

FROM	/ TO	/ EMPLOYER	/TELEPHONE	
JOB TITLE		/ ADDRESS		
IMMEDIATE	E SUPERVISOR & T	TITLE / SUMMARIZE THE	IATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FC	DR LEAVING		/ HOURLY RATE OR SALARY	
-			START \$ PER FINAL \$ PER	
///////////////////////////////////////	'//////////////////////////////////////	///////////////////////////////////////		'/////
FROM	/ TO	/ EMPLOYER	/TELEPHONE	
JOB TITLE		/ ADDRESS		
IMMEDIATE	E SUPERVISOR & T	TITLE / SUMMARIZE THE	IATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FC	DR LEAVING		/ HOURLY RATE OR SALARY	
		///////////////////////////////////////	<u>START \$ PER FINAL \$ PER</u>	
FROM	/ TO	/ EMPLOYER	/TELEPHONE	,,,,,
JOB TITLE		/ ADDRESS		
IMMEDIATE	E SUPERVISOR & T	TITLE / SUMMARIZE THE	IATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FC	DR LEAVING		/ HOURLY RATE OR SALARY	
			START S PER FINAL S PER	
///////////////////////////////////////	///////////////////////////////////////	///////////////////////////////////////		//////
FROM	/ TO	/ EMPLOYER	/TELEPHONE	
JOB TITLE		/ ADDRESS		
IMMEDIATE	E SUPERVISOR & T	TITLE / SUMMARIZE THE	IATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FO	DR LEAVING		/ HOURLY RATE OR SALARY	
	///////////////////////////////////////	///////////////////////////////////////	<u>START \$ PER FINAL \$ PER</u>	/////

VIII.	_PERSONAL	REFERENCES
-------	-----------	------------

List for personal character references (Not related to you):

<u>Name</u>	Address	City, State, Zip	Phone #	Time Known
IX.	SPECIAL SKILLS AND QUALIFICATION List any experience, skills, abilities, of the second		eel would be rel	evant to the job
Х.	_ARRESTS AND CITATIONS Show <u>ALL</u> arrests including felony, melincluding the disposition of each including the	ident.	·	
	Statement of Employment and ex-of		vicin the attache	
	u presently involved in an active Crimi ease explain:			_ if you answered

Have y	ou ever been fi	ngerprinted for any reason? (jo	b application, gun permit, etc.)	YES NO
If yes, {	give date, place	and full details of occurrence.		
XI.		perator's license you have held	auffeur's, etc.) Give the following or now hold. Submit a copy of y	_
Type o	of License	State of Issue	Exp. Date	License Number
XII.	Give names a	r debt (including any loans on v	, companies, or others to whom which you are a co-maker, mortga	-
Name_		Address	Type of Debt	Amount of Debt
XIII.	EDUCATIONA	L BACKGROUND		
NAN	ME AND LOCATION CHOOL	YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
COLLEG	E		MAJOR	DEGREE
OTHE	R			
CICNIA	TUDE.		DATE.	

If you	answer yes to a	any of these questions	, use a separate sheet o	f paper to explain.	
1.	Have you eve	r been asked or given t	the opportunity to resign	n from any position	? YES NO
2.	Have you eve YES NC	•	rimanded, suspended, o	r terminated from a	iny position?
3.	Have you eve	r taken a polygraph or	voice stress analyzer? Y	ES NO	
4.	Has your drive	er's license ever been	suspended or revoked?	YES NO	
5.	Have you eve YES N	•	ation for any offenses, so	ealed or expunged (records included?
6.	-	ail as to what offense,	suspect or a police invest jurisdiction, date, outco		
7.		esent Law Enforcemer r been the subject of a	nt Officers: in internal investigation?	YES NO	
8.			tly have an application or ement Agency? YES		ing through a hiring
9.	Have you eve	r illegally possessed, u	sed or sold drugs, includ	ing marijuana? YES	NO
10	. Have you pos YES N	=	ed, swallowed, or ingest	ed by any other me	ans, any illegal drug?
11	assault, aggra criminal offen	vated battery, battery, se resulting in physica	Domestic Violence relate sexual assault, sexual b I injury or death of one is single-family dwelling un	attery, stalking, agg family or household	ravated stalking, or any I member by another
12	. Have you eve	r been a party to a Doi	mestic Violence injunctio	on or petition? YES	NO
13	•	•	Domestic Violence incid t was completed? YES _	•	ce responded and a
14			Domestic Violence incid	•	ce responded and a
Foreig	n Languages:	E=Excellent G=Good	F=Fair		
Langua	age	Reading	Speaking	Understanding	Writing
		E G F	E G F	E G F	E G F

MADISON POLICE DEPARTMENT

Applicant's Request/Waiver to Release Information:

Information to disclose:

I hereby authorize and request all persons to whom this request (original or reproduction) is presented, having information or relating to or concerning me, to furnish such information to a duly appointed officer of the Madison City Police Department.

I am aware that this information may be of a personal nature and may otherwise be protected from disclosure by my constitutional, statutory or common-law privileges. I hereby expressly waive all privileges, which may attach to such communication or disclosure and release all persons, firms and corporations from all claims, of any nature as a result of said communication or disclosure.

Medical Records	
Mental Records	
Financial Records	
Criminal History Check	
Educational Records	
Organizational Memberships	
Past/Present Employment Records	la calla ca la Cara a della carala la carala c
*Any background material/information re	levant to reputation and/or moral character.
*These records will be retained on file in t	the Madison Police Department, in the Office of the Chief of Police.
Signature of Applicant	Date
State of)	
) SS:	
County of)	
,, or <u></u> ,	
Subscribed and sworn to before me, a Not	tary Public, in and for said county and state,
This day of	_, 20
My Commission Expires:	
	Notary Public
	•
	Printed
	County of Residence

NOTE: This page must be Notarized, signed, and returned with the application

Because of the sensitive and important position of a police officer, the Madison Police Department must select individuals who possess the best physical, mental, moral, and emotional character for the performance of police duties. In order to best ascertain who those individuals are, it is necessary to gather as much information as possible about each applicant which may have a bearing on their ability to perform. Several questions in this application are designed to give the Department a complete background on each applicant. Those particular responses to questions marked with an (*) The asterisk shall not act as an automatic bar to selection but will be considered along with the attendant facts. No question on this application is intended to secure information to be used for unlawful discrimination.

APPLICANT: PLEASE READ CAREFULLY BEFORE SIGNING. IF YOU HAVE ANY QUESTIONS REGARDING THE FOLLOWING STATEMENT OR ANY QUESTIONS CONTAINED IN THIS APPLICATION, PLEASE ASK EITHER THE CHIEF OF POLICE OR THE MAJOR OF THE MADISON POLICE DEPARTMENT.

I certify that the information contained in this application is correct and complete to the best of my knowledge. I agree to inform the Department of any additional information relating to questions raised on the application, which occurs subsequent to my completion of the application. I realize that misrepresentation of fact of the failure to update any information relating to questions on the application may be cause for rejection of this application or dismissal after employment. Final employment is contingent upon satisfactory completion of all pre-employment procedures including interview, examinations, verification of all relevant information, and all post-employment examinations which may include but are not limited to physical and psychological examinations and any applicable statutory provisions. I acknowledge that I have read the above statement and fully understand the same.

SIGNATURE:	DATE:
State of)	
) SS: County of)	
	a Notary Public, in and for said county and state,
This day of	, 20
My Commission Expires:	
	Notary Public
	Printed
	County of Residence

NOTE: This page must be Notarized, signed, and returned with the application